

## (1) PLACE OF BIRTH

County of *Anderson*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only  
71245Township of *Beaufort Creek*or  
Inc. Town ofor  
City ofRegistration District No. *202*Registered No. *88*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same, instead of street and number.) St.; ..... Ward)

(2) Full Name of Child *Marnie Eunice Mulhikin* is not yet named, make supplemental report as directed(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug. 25-6*  
(Name of Month) (Day) (Year)(8) FULL NAME *J. P. Mulhikin* FATHER. (14) NAME BEFORE MARRIAGE *Edcee Jones* MOTHER.(9) PRESENT POSTOFFICE OF FATHER *Winston R#1* (15) PRESENT POSTOFFICE OF MOTHER *Winston R#1*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *21* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *25*  
(Years) (Years)(12) BIRTHPLACE *Anderson Co* (18) BIRTHPLACE *Anderson Co*(13) OCCUPATION *Farmer* (19) OCCUPATION *House Work*(20) Number of children born to mother, including present birth *1* (21) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Bebe H. Haines*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Sept 1 1916* (28) *W. J. Watson* Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MADE BY FATHER FOR BIRTH RECORD  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.  
McCaw, of Columbia.